



Report to the Legislature

**Intensive Parole Model for
High-Risk Juvenile Offenders**

**Chapter 338, Laws of 1997, Section 34
RCW 13.40.212(2)**

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EXECUTIVE SUMMARY

The 1997 Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. As a result, they mandated (Chapter 338, Laws of 1997, Section 34) the implementation of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intensive Aftercare Program (IAP) model with the top 25 percent highest risk to re-offend youth in the Juvenile Rehabilitation Administration (JRA).

The legislation requires JRA to report annually to the Legislature on process and outcome findings. The Washington State Institute for Public Policy (WSIPP) is contracted to provide annual recidivism outcome studies for JRA. The JRA parole services administrator authors this annual process report to the Legislature.

The schedule for the series of recidivism studies to be conducted by the Washington State Institute for Public Policy is shown below:

COHORT	CONDITION	DUE DATE FOR STUDY
1	Community Phase Only	December 21, 2001
2	Partial Residential Phase and Community Phase	June 30, 2002
3	Full Residential Phase and Community Phase	June 30, 2003

The key elements of the JRA intensive parole supervision model are:

- Information management and program evaluation;
- Assessment and selection criteria;
- Individual case planning;
- A mixture of intensive surveillance and services;
- A balance of incentives and graduated consequences;
- Service brokerage with community resources and linkage with social networks; and
- Transition services.

JRA began the intensive parole supervision program on October 1, 1998. As the fourth full year of implementation is completed, the model continues to evolve to meet the varied needs of youth, families, and the community.

Examples of model evolution during 2002 include:

- Revising the intensive parole standards to be less prescriptive and more flexible and outcome oriented.
- Expansion of transition-focused multi-disciplinary teams.

- Overall parole restructuring to train and implement the research-based model of Functional Family Parole Services.
- Development of a JRA-wide Integrated Treatment Model to apply research-based cognitive behavior therapy across the reintegrative continuum

As noted in an OJJDP Bulletin¹ issued in 2000, the demands of an overarching case management model requiring significant changes in traditional systems of juvenile corrections takes up to three years to fully implement. These observations are based on the OJJDP intensive aftercare program experience of implementing the model at small demonstration sites. Clearly, the ongoing challenge for JRA has been implementing the program across an entire statewide system.

¹ R.G. Wiebush, B. McNulty, and Thao Le (2000). "Implementation of the Intensive Community-Based Aftercare Program." Juvenile Justice Bulletin. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

INTRODUCTION

Background

During the 1997 legislative session (Chapter 338, Laws of 1997, Section 34), the Legislature directed the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to develop an intensive parole supervision program based upon promising principles for positively impacting recidivism rates for juvenile offenders. The Legislature required this program target the 25 percent highest risk offenders. The relevant RCW citations for the Intensive Parole Program are:

- RCW 13.40.210, Parole Program
- RCW 13.40.212, Intensive Supervision

The JRA intensive parole program is based on the Intensive Aftercare Program (IAP) model of the Office of Juvenile Justice and Delinquency Prevention (OJJDP)² with Washington as the first state to implement this model across an entire system of juvenile aftercare. The key program elements of the IAP as specified in the intensive parole legislation are:

- Information management and program evaluation;
- Assessment and selection criteria;
- Individual case planning;
- A mixture of intensive surveillance and services;
- A balance of incentives and graduated consequences;
- Service brokerage with community resources and linkage with social networks; and
- Transition services.

Program Evaluation

The intensive parole legislation requires JRA to report annually to the Legislature on process and outcome findings.³ The Washington State Institute for Public Policy (WSIPP) is contracted to provide annual recidivism outcome studies for JRA. The JRA parole services administrator authors this annual progress report to the Legislature.

The schedule for the series of recidivism studies to be conducted by the Washington State Institute for Public Policy is shown below:

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² David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

³ RCW13.40.212

INSTITUTIONAL PROGRAMMING

Implementing a comprehensive residential-based program for intensive parole youth in confinement continues to be a major area of focus. Since intensive parole is a program directed across the JRA system, it has not been feasible to concentrate eligible youth at one institution or even in specific units within facilities. However, specialized programming continues to occur and expand such as Aggression Replacement Training (ART) and is now provided to varying degrees in the three institutions and one youth camp. ART is considered an evidence-based intervention that reduces recidivism among juvenile offenders. Maple Lane School, for example, teaches ART on six of the seven living units with fourteen certified facilitators and eight certified co-facilitators.

The Co-Occurring Disorder Program targeting mentally ill and substance abusing youth includes a high proportion of intensive parole eligible youth and employs a Multi-Systemic Therapy (MST) like approach of intensive family therapy. It is called Family Intervention Therapy (FIT) and includes, as a major intervention component, a process of introducing community-based family treatment services while the youth is still confined. MST is considered one of the most effective interventions at reducing recidivism with juvenile offenders. The Co-Occurring Disorder Project is currently being evaluated by the WSIPP.

Another treatment intervention approach used in residential care is Dialectical Behavior Therapy (DBT). This is a comprehensive cognitive behavior therapy developed and evaluated on female adults with Borderline Personality Disorder in institutional settings. It is currently being used with mentally ill juveniles at Echo Glen Children's Center and Maple Lane School. A recent study by WSIPP⁴ of a DBT cottage at Echo Glen found preliminary reductions in recidivism for youth receiving this treatment compared to youth that did not receive it. Other measures of institutional adjustment, e.g., assaults, also found lower rates for cottages using DBT.

An additional area of improvement in implementation of residential intensive parole is the expanding use of Multi-Disciplinary Teams (MDTs) for overarching case management and pre-release reintegration planning. The concept of overarching case management requires reintegration planning to begin at the point of the youth's entry into the system. Improvements in triage and intake programs at the larger institutions results in better needs assessments and intervention planning for high-risk youth. Currently, Maple Lane School provides both an initial and transition MDT process for intensive parole youth. It is recommended that all facilities move to this system.

A critical issue to full implementation of intensive parole remains the challenge to have enough intensive parole youth step down from highly controlled and structured institutional environments to less structured community facilities. The JRA system of Community Placement Eligibility Requirements (CPER) changed this year to raise the eligibility score of the Community Risk Assessment to 25. Although this was done primarily for budget reasons, over time it should increase the number of intensive parole youth receiving an opportunity to transition to community facilities. The IAP model clearly supports and requires a system of

⁴ Robert Barnoski, *Preliminary Findings for the Juvenile Rehabilitation Administration's Dialectic Behavior Therapy Program*, Washington State Institute for Public Policy, July 2002.

step-down placements that allow for a continuum of progressive increases in responsibility and freedom for youth to normalize and test their cognitive behavioral rehabilitative skills.

TRANSITIONAL PROGRAMMING

According to the IAP model, transitional planning and practice begins at admission but intensifies shortly before release and continues for a period after release. Transitional programming should be configured and delivered so that it is the most intensive phase of the residential/community intensive parole experience. The JRA model requires youth to transition immediately into community-based services after release to maintain adequate structure in a youth's life following release from secure confinement and to continue to meet treatment needs.

During the past year, the intensive parole standards were revised to include a specific section on "Transition Case Responsibilities" to better organize and highlight the key activities that need to occur prior to release. The JRA Integrated Treatment Model workgroup built a model for research-based treatment delivery that addresses treatment across the entire reintegrative continuum including design around the critical "hands off" period of transition when skills youth have learned in residential treatment need to be reinforced and generalized by staff in the community.

Intensive parole transition counselors play a critical role in the support of the release preparation process, including the delivery of a competency-based curriculum (parole readiness training), facilitation of community counselor visits with youth in residence, MDT meeting participation and coordination, and quality assurance trouble-shooting activities.

An ongoing area of attention for the coming year will be the design and implementation of a synthesis of individually based cognitive behavior skills (residential treatment) and relationally based functional family therapy (community treatment). It will be critical for residential and community staff during the transition period to organize and provide a common, shared treatment language and approach for intensive parole youth and their families.

Another targeted area of transition improvements involves the federal *Going Home: Serious and Violent Offender Reentry* grant. JRA is a partner with the Department of Corrections (lead agency) in applying a reentry model for high-risk offenders. The federal grant requirements of a phased reintegrative continuum approach is based upon and draws heavily from the OJJDP Intensive Aftercare Program model and, as mentioned previously, requires a high level of planning, coordination, and execution of transitional activities. The involvement, through the grant, of community-based teams to facilitate improved transitional and long-term reentry experiences for offenders, families, and communities will further elaborate the JRA intensive parole model.

COMMUNITY PROGRAMMING

During the past year, implementation of intensive parole in the community was most impacted by:

1. continued support and implementation of evidence-based interventions (ART, FFT, and MST);
2. revision of intensive parole standards; and
3. adjustments to eligibility and program changes based on budget targets.

Evidence-Based Treatment

JRA intensive parole youth benefited from continued capacity building and access to ART, FFT, and MST. The blending of intensive evidence-based services with intensive surveillance and supervision is a core principle in the IAP model. JRA intensive parole targets youth that create high risks to public safety and have serious and multiple treatment needs. To adequately motivate, engage, and support their participation in services while responding to public safety concerns, the Intensive Aftercare Program model requires smaller caseloads than normal parole in order to provide high levels of contact and case management. It is believed that either approach alone (intensive services or intensive supervision) or both approaches imbalanced is ineffective with this high-risk subgroup of offenders at long-term reductions of recidivism and successful community reintegration.

The JRA Region 4 office in Seattle continues to run a best practices mentoring program. A preliminary study by WSIPP⁵ found the Seattle program to reduce recidivism. As a component of parole restructuring, JRA community programs are expanding mentoring programs into three more regions. Additionally, funding from the *Going Home: Serious and Violent Offender Reentry* grant will allow additional monies to be dedicated to mentoring program implementation.

Intensive Parole Standards

The intensive parole standards were significantly revised during the past year. Training and implementation of the new standards occurred early in 2002. The standards were revised to be less prescriptive and surveillance-oriented and more organized around flexible case management based on individual needs. Contact levels remain high, but allow for individual case planning to address risk and service needs. As mentioned earlier, the standards were re-organized to include a “Transition Case Responsibilities” section to better address key practices during the transition phase. The new standards are beginning a shift from contact-based standards to outcome-based standards. While contact types and frequencies remain, each standard now includes a goal. The goal is intended to provide direction for the standard as well as a desired outcome.

⁵ Robert Barnoski, *Preliminary Findings for the Juvenile Rehabilitation Administration’s Mentoring Program*, Washington State Institute for Public Policy, July 2002.

Program Changes

Eligibility criteria were modified to bring total numbers of intensive parole youth down to budgeted levels. The Initial Security Classification Assessment (ISCA) score cutoff for intensive parole was raised by a point to decrease the pool of eligibility, and active intensive parole youth recommitted to the Department of Corrections or adult jail on felonies were discharged.

Budget changes impacted intensive parole programs in 2002. In some cases, regions were unable to maintain community restorative justice work crews and/or day reporting programs due to staff reductions. Below is a table showing the current configuration by region of these types of programs:

JRA Region	Restorative Justice Work Crew	Day Reporting
1	No	No
2	Yes	Yes
3 – Mt. Vernon	No	No
3 – Everett	Yes	No
4	Yes	Yes
5 – Kitsap	Yes	Yes
5 - Tacoma	No	No
6 - Kelso	Yes	Yes
6 – Olympia	No	No
6 – Vancouver	Yes	Yes

CONCLUSION/RECOMMENDATIONS

The fourth year of intensive parole implementation focused on continued operationalizing and refining of the model and shifting from less prescriptive contact-based standards to more flexible case management outcome oriented standards. Clear challenges still exist around accessing structured transitional experiences across continuums of less restrictive placements for high-risk youth, although changing the Community Risk Assessment (CRA) eligibility score from 20 to 25 will expand the number of intensive parole youth eligible for community facility placement.

A core component of parole restructuring that occurred in 2002 was the training and implementation of Functional Family Parole Services (FFPS)—a model of family motivation and engagement, support, and generalization based on Functional Family Therapy. Providing parole staff with skills to work within relational patterns of families to assist in reduction of risk factors should enhance the application of the intensive parole model. One of the key conceptual approaches of the OJJDP IAP model is treating the entire family as the unit of intervention not just the identified juvenile offender.

Recommended directions for the fifth year of intensive parole implementation include the following:

- Integration and expansion of research-based program interventions, e.g., functional family parole services, Integrated Treatment Model cognitive behavior therapies, and mentoring programs with small intensively managed caseloads.
- Further expansion of the use of multi-disciplinary teams into cross-system protocols of intake and transition meetings.
- Development of automated quality assurance reports for monitoring process measures of intensive parole implementation.
- Adherence to the established protocol of annual recidivism reports based on full model implementation.